

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prieto, Gloria (Expanded ARCH)	CHAPTER 100.1
Address: 3504 Likini Street, Honolulu, Hawaii 96818	Inspection Date: April 13, 2021 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

21 MAY -5 P 4:27

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Kitchen cabinet containing toxic chemicals (e.g., bleach, Raid, sanitizing spray) was found unsecured.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I locked right away on the day of inspection</i></p>	<p><i>4/13/21</i></p> <p>21 MAY -5 P4:27</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Kitchen cabinet containing toxic chemicals (e.g., bleach, Raid, sanitizing spray) was found unsecured.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I change the place where to put all toxic chemicals and make sure it was lock all the time. And tell my subsg. C.G. that I move those toxic chemical to different storage and secure the locker all the time and subsg. C.G. was in service.</i></p>	<p align="right"> <i>GP</i>  <i>4/15/21</i>  <i>4/28/21</i> </p> <p align="right"> <b>21 MAY -5 P4:27</b>  <b>STATE OF HAWAII</b>  <b>DOH-ORCA</b>  <b>STATE LICENSING</b> </p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Documentation of response to daily and as needed medications in progress notes unavailable for review.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>21 MAY -5 P 4 27</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Documentation of response to daily and as needed medications in progress notes unavailable for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I'll make sure that I have to specify about <sup>daily and</sup> as needed medications the taking of affectiveness on his progress notes. <sup>help</sup> <del>with</del></i></p> <p><i>I wrote a reminder on his binder</i></p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p><i>4/28/21</i></p> <p><i>21/28/21</i></p> <p>21 MAY -5 P 4:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Residents' rooms shall have artificial light adequate for reading at bedside. This lighting shall be at least thirty foot candles at normal reading height;</p> <p><b><u>FINDINGS</u></b> Bedroom #1 – Bedroom light fixture unable to turn on.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I'll change <sup>or replace</sup> the bulb on the day of inspection</i></p>	<p>4/13/21</p> <p>21 MAY -5 P4:27</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><b><u>FINDINGS</u></b> Bedroom #3 – Residents' pillows do not have plastic pillow protectors, or their initials labeled on the pillows.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I'll initial it their pillow cases protector.</i></p>	<p>4/15/21</p> <p>21 MAY -5 P 4:27</p> <p>STATE OF HAWAII DOR-DHCA STATE LICENSING</p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b>FINDINGS</b> Resident #1 – Care plan dated 3/22/20 and updated on 9/28/20 and 3/16/21 states, "Monitor and document resident's bowel movement pattern, and character of stools (i.e. soft, firm, liquid, large, moderate, small, color) daily and as needed. However, documentation of character of stools unavailable for review.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>21 MAY -5 P 4:27</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Gloria A. Prieto

Print Name: GLORIA A. PRIETO

Date: 4/28/21

21 MAY -5 P4:27  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING